



CITY OF CHANDLER
Tax & License Division

**Principle Wagering
Establishment Application**

Application Type: ☐ New ☐ Renewal
Sales Tax License No. _____
State Liquor License No. _____
Period to be Licensed: _____
From _____ To _____
No. of Tote Mach/Windows _____

Application Fee \$200 _____
(Nonrefundable)
License Fee \$1,200 _____
(Up to 4 tote machines)
Additional totes (each) \$400 _____
Late Fee \$100 _____
Pro-rate license fee _____
(First year only)

TOTAL FEES _____

Business Name

DBA

Business Address

Street, Suite # _____ Business Phone _____

City, State, Zip _____

Mailing Address

Street, Apt. # _____

City, State, Zip _____

Ownership

_____ Sole Owner _____ Partnership _____ Corporation _____ LLC

Managing Agent

Last Name _____ First, Middle _____ Phone _____

Street, Suite # _____

City, State, Zip _____

**Name and address of
Owner/Officers**

(please affix
additional list
of Officers if
applicable)

1. _____
Last Name _____ First, Middle _____ Title _____
Street, Suite # _____ Phone _____
City, State, Zip _____

2. _____
Last Name _____ First, Middle _____ Title _____
Street, Suite # _____ Phone _____
City, State, Zip _____

3. _____
Last Name _____ First, Middle _____ Title _____
Street, Suite # _____ Phone _____
City, State, Zip _____

**If Corporation,
Statutory Agent**

Last Name	First, Middle	Title
Street, Suite #		Phone
City, State, Zip		

**Has this business
been licensed in
another state**

_____ YES _____ NO If yes, Where? _____

**Has this business
ever had its license
denied, revoked,
suspended, or fined
in this or any other
state**

_____ YES _____ NO
EXPLAIN: _____

**Off-track Wagering
Facility Information:**

Business Name

Location

_____ Street, Suite #

_____ City, State, Zip

Owner of Facility

Last Name	First, Middle	Phone
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**Managing Agent
for Facility**

Last Name	First, Middle	Phone
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**The following
must be included
with application**

_____ Floor Plan of Site
_____ Vicinity Ownership Map of Site Facility
_____ Vicinity Ownership Mailing list/labels
_____ Parking Plan of Site Facility
_____ Property Diagram of Site Facility
_____ Description of Off-track Betting Activity

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Note: Changes must be submitted as required by Ordinance. Incomplete applications
will not be processed.
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I certify that the statements made in this application are true and complete to the best of my knowledge. Intentional omission or falsification of information is sufficient grounds for denial of the application or later revocation and subject to penalty of law.

Signature

Date